WILD ROSE MANOR

425	SUMMIT	STREET

WILD ROSE 54984 Phone: (920) 622-4342		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	78	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	78	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	76	Average Daily Census:	74

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 					21.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.9	More Than 4 Years	23.7	
Day Services	No	Mental Illness (Org./Psy)	46.1	65 - 74	11.8			
Respite Care	No	Mental Illness (Other)	2.6	75 - 84	27.6		92.1	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	42.1	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.5	Full-Time Equivalent		
Congregate Meals No		Cancer 1.3				Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.6		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	14.5	65 & Over	96.1			
Transportation	No	Cerebrovascular	14.5			RNs	9.8	
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	5.2	
Other Services	Yes	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.4	Male	22.4	Aides, & Orderlies	35.7	
Mentally Ill	No			Female	77.6			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0	I		
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## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	260	54	98.2	108	0	0.0	0	16	100.0	120	0	0.0	0	0	0.0	0	75	98.7
Intermediate				1	1.8	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		55	100.0		0	0.0		16	100.0		0	0.0		0	0.0		76	100.0

County: Waushara Facility ID: 9430 Page 2 WILD ROSE MANOR

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03								
beating burning Reporting Period	i i				% Needing		Total			
Percent Admissions from:	į	Activities of	8		sistance of	% Totally	Number of			
Private Home/No Home Health	15.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	0.0		46.1	53.9	76			
Other Nursing Homes	11.5	Dressing	10.5		55.3	34.2	76			
Acute Care Hospitals	73.1	Transferring	19.7		30.3	50.0	76			
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.1		39.5	43.4	76			
Rehabilitation Hospitals	0.0	Eating	44.7		34.2	21.1	76			
Other Locations	0.0	*****	******	*****	*****	******	*****			
Total Number of Admissions	52	Continence		8	Special Treatmen	ts	용			
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.3	Receiving Resp	iratory Care	5.3			
Private Home/No Home Health	25.5	Occ/Freq. Incontine	nt of Bladder	10.5	Receiving Trac	heostomy Care	0.0			
Private Home/With Home Health	14.9	Occ/Freq. Incontine	nt of Bowel	19.7	Receiving Suct	ioning	0.0			
Other Nursing Homes	10.6				Receiving Osto	my Care	0.0			
Acute Care Hospitals	6.4	Mobility			Receiving Tube	Feeding	1.3			
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	5.3	Receiving Mech	anically Altered Diets	44.7			
Rehabilitation Hospitals	0.0									
Other Locations	8.5	Skin Care			Other Resident C	haracteristics				
Deaths	34.0	With Pressure Sores		3.9	Have Advance D	irectives	84.2			
Total Number of Discharges	i	With Rashes		6.6	Medications					
(Including Deaths)	47 I				Receiving Psyc	hoactive Drugs	47.4			

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Ownership:			Size:	Lic	ensure:		
	This	This Nonpro		50-99		Ski		Al	1
	Facility	Peer	Group	Peer Group		Peer Group		Faci.	lities
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.9	86.2	1.10	83.7	1.13	84.0	1.13	87.4	1.09
Current Residents from In-County	76.3	78.8	0.97	72.8	1.05	76.2	1.00	76.7	0.99
Admissions from In-County, Still Residing	26.9	24.5	1.10	22.7	1.19	22.2	1.21	19.6	1.37
Admissions/Average Daily Census	70.3	110.9	0.63	113.6	0.62	122.3	0.57	141.3	0.50
Discharges/Average Daily Census	63.5	116.1	0.55	115.9	0.55	124.3	0.51	142.5	0.45
Discharges To Private Residence/Average Daily Census	25.7	44.0	0.58	48.0	0.54	53.4	0.48	61.6	0.42
Residents Receiving Skilled Care	98.7	94.4	1.05	94.7	1.04	94.8	1.04	88.1	1.12
Residents Aged 65 and Older	96.1	96.1	1.00	93.1	1.03	93.5	1.03	87.8	1.09
Title 19 (Medicaid) Funded Residents	72.4	68.3	1.06	67.2	1.08	69.5	1.04	65.9	1.10
Private Pay Funded Residents	21.1	22.4	0.94	21.5	0.98	19.4	1.08	21.0	1.00
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	48.7	36.9	1.32	39.1	1.25	36.5	1.33	33.6	1.45
General Medical Service Residents	18.4	17.2	1.07	17.2	1.07	18.8	0.98	20.6	0.90
Impaired ADL (Mean)	61.3	48.1	1.27	46.1	1.33	46.9	1.31	49.4	1.24
Psychological Problems	47.4	57.5	0.82	58.7	0.81	58.4	0.81	57.4	0.83
Nursing Care Required (Mean)	7.7	6.8	1.14	6.7	1.15	7.2	1.08	7.3	1.06